

ANXIETY AND BRAIN INJURY

What is anxiety?

It is normal to feel anxious or worried from time to time. In fact it can be helpful in some situations. For example, think about how you might react if a lion approached you. You would probably respond with fear - your brain would send messages to your body to get ready to physically fight (fight response), or to run away from the situation (flight response). This experience of fear is part of helping us survive.

Anxiety is common in less threatening situations too. For example, it can be normal to feel anxious before a job interview or speaking in front of a group of people. This type of anxiety can sometimes be a good thing as it pumps people up ready to perform. Normal worry is relatively short-lived and leads to positive problem-solving behaviour.

How common are anxiety disorders?

Anxiety disorders are very common. One in four people will experience an anxiety disorder at some stage of their life. After a brain injury, it is estimated that between 18% and 60% of people will experience an anxiety disorder. The most common anxiety disorders experienced after a brain injury are post-traumatic stress disorder and generalized anxiety disorder.

Generalized Anxiety

People with generalized anxiety worry constantly about many different things that are often out of their control e.g., finances, health, work or personal relationships. The worry is uncontrollable and interferes with the ability to focus on activities; it can also be accompanied by feelings of tension, irritability, restlessness and difficulty sleeping.

Social Anxiety

Social anxiety is used to describe anxiety and fear arising from being in social situations, such as meeting new people, talking in front of people, being watched while doing something (eating, drinking, writing your name). This fear is accompanied by physical symptoms of anxiety and usually leads to avoidance of social situations.

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Panic Attacks

Panic attacks consist of a frightening set of physical symptoms that may include:

- heart palpitations
- sweating
- shakiness or trembling
- shortness of breath
- feelings of choking, chest pain, nausea, dizziness
- feelings of detachment or unreality
- fear of losing control
- fear of dying
- numbness or tingling
- hot or cold flashes

Panic attacks have a sudden onset and usually peak within 10 minutes. A panic attack may include anxiety about being in a situation where escape is difficult (such as being in a crowd or on a bus). A person who has panic disorder often lives in fear of having another panic attack, and may be afraid to be away from home or far from medical help.

Obsessive-Compulsive Disorder

People with obsessive-compulsive disorder (OCD) experience uncontrollable and unwanted thoughts (obsessions) and repetitive behaviour or rituals (compulsions).

Typical obsessions include:

- fear of being contaminated by germs or of becoming ill
- fear of causing harm to oneself or others
- fear of doing something unacceptable

Typical compulsions include:

- excessive cleaning or washing
- putting things in a particular order
- repeatedly checking
- hoarding
- mental acts such as silently repeating a prayer or counting

People with OCD are unable to stop thinking the obsessive thoughts and feel driven to perform the compulsive behaviors in order to control their anxiety and distress. OCD can be a debilitating disorder. Some patients feel compelled to perform rituals for hours at a time; this often interferes with their ability to fulfill social roles, such as work or parenting.

Post-traumatic Stress and Traumatic Brain Injury

Post-traumatic stress is a psychological reaction to a traumatic event such as a life threatening attack or accident or witnessing someone being killed or severely injured. These traumatic events are outside the range of usual human experiences. The response is usually one of intense fear, helplessness and horror.

Some of the reactions or symptoms people may experience following a trauma include:

- Nightmares and flashbacks of the event
- Problems with sleeping
- Feeling detached from others
- Physical reactions such as racing heartbeat, shortness of breath, dizziness, sweating, or flashbacks in connection to reminders of the event
- Feeling numb
- Difficulty concentrating
- Irritability
- Loss of sense of control
- Easily startled

It is common to experience a range of these symptoms following a trauma but generally the majority of symptoms will diminish in the days and weeks to follow.

It is also quite common to experience a range of these symptoms as a direct result of sustaining a traumatic brain injury. Common outcomes of a traumatic brain injury include concentration problems, irritability, sleep disturbance, and agitation. Hence there is often difficulty identifying if the symptoms are originating from the traumatic brain injury or are symptoms of post-traumatic stress or a combination of both.

Until recent years it was thought that those individuals who sustained a traumatic brain injury could not develop post-traumatic stress because they could not remember the trauma. However there is growing evidence that individuals who sustain a traumatic brain injury can also develop post-traumatic stress. Importantly though, not everyone who sustains a traumatic brain injury will develop post-traumatic stress. Only a small percentage will develop some symptoms of post-traumatic stress, and fewer will fulfill the criteria for post-traumatic stress disorder. It is not fully understood at this time what the potential mechanisms are for the development of post-traumatic stress in individuals who sustain a traumatic brain injury but current research is investigating this area.

It is widely accepted that Cognitive-Behaviour Therapy (CBT) is an effective treatment of post-traumatic stress. At this time there is support for its use with individuals with post-traumatic stress after a traumatic brain injury. However, because of the effects of the traumatic brain injury the treatment for post-traumatic stress may need to be modified.

Due to the complicated nature of both traumatic brain injury and post-traumatic stress, if there are concerns that an individual who has sustained a traumatic brain injury has developed post-traumatic stress, referral to a psychologist or psychiatrist who has an understanding of traumatic brain injury is recommended.

Anxiety after a Brain Injury

The causes of anxiety disorders are not fully understood. Some of the factors that contribute to anxiety include: genetics, chemical imbalances and structural changes in the brain. A brain injury may make someone more likely to experience an anxiety disorder due to the impact the injury has on the brain and the changes in thinking, behaviour and emotions that can occur. People who have low self-esteem and difficulty coping may also be more prone to anxiety disorders.

There can be some overlap between anxiety symptoms and changes after a brain injury, so it is important to speak to your family doctor or a mental health professional who understands brain injury if you think that you may have an anxiety disorder. Anxiety can have a negative impact on everyday tasks, relationships, well-being, and your recovery after a brain injury, so it is important to seek help.

For more Information contact:

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How are Anxiety Disorders Treated?

Psychological therapy offers the most successful form of treatment for many anxiety disorders. Therapy typically includes techniques that help a person relax and manage the physical symptoms of anxiety, talking through and identifying issues causing the anxiety, as well as strategies for facing fears and dealing with worrying thoughts. Because this approach targets the underlying problem, they offer hope of a cure rather than temporary symptom relief. Treatment may also involve taking medication for a period of time. However, psychological therapy is more effective than drugs in managing anxiety disorders in the long term. Speak to your family doctor if you would like to be referred to a psychologist.

Crisis support can be obtained from dialing 811 or by dialing 911 if life is in danger